

Foreign Health Maintenance Organizations

COMPANY INFORMATION

SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY

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SECTION II - PREMIUM TAX

GROUP ACCIDENT AND HEALTH PREMIUMS

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1.	Gross direct premiums received on Nebraska business	.00	.00
2.	Credit (group) premiums received on Nebraska business	.00	.00
3.	Dividends paid or credited to policyholders	.00	.00
4.	Other deductions applicable (Itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
5.	Net taxable premiums (Line 1 plus Line 2 minus Line 3 and Line 4)	.00	.00
6.	Tax rate applicable		
7.	Tax (Multiply Line 5 by Line 6)	.00	.00

CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS

8.	Gross direct premiums received on Nebraska business	.00	.00
9.	Dividends paid or credited to policyholders	.00	.00
10.	Other deductions applicable (Itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
11.	Net taxable premiums (Line 8 minus Line 9 and Line 10)	.00	.00
12.	Tax rate applicable		
13.	Tax (Multiply Line 11 by Line 12)	.00	.00

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ALL OTHER PREMIUMS

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
14.	Gross direct premiums received on Nebraska business	.00	.00
15.	Dividends paid or credited to policyholders	.00	.00
16.	Other deductions applicable (Itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
17.	Net taxable premiums (Line 14 minus Line 15 and Line 16)	.00	
18.	Tax rate applicable		
19.	Tax (Multiply Line 17 by Line 18)	.00	.00
20.	Premium tax (Sum of Line 7 plus Line 13 and Line 19)	.00	.00
21.	*Franchise tax		.00
22.	Other tax (Include calculations on a separate schedule)	.00	.00
23.		.00	.00
24.		.00	.00
25.	Total premium tax (Sum of Lines 20 through 24)	.00	.00
26.	Tax deductions: (See Instructions)		
	A. Guaranty fund assessments	.00	.00
	B. Community development	.00	.00
27.	Total tax deductions (Sum of Lines 26A and 26B)	.00	.00
28.	NET PREMIUM TAX (LINE 25 MINUS LINE 27. <u>IF LESS THAN ZERO, ENTER ZERO</u>)	.00	.00

***FRANCHISE TAX – Those companies whose state of domicile imposes a franchise tax in addition to premium tax or in lieu of premium tax, attach on a separate schedule the tax form and/or computation of the franchise tax.**

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SECTION III - FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
29.	Renewal of Certificate of Authority	.00	.00
30.	Filing Annual Statement	.00	.00
31.	Insurance Fraud Fee	.00	.00
32.	Other fees (Itemize)	.00	.00
33.		.00	.00
34.	Total fees (Sum of Lines 29 through 33)	.00	.00

SECTION IV – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
35.	Premium tax (Line 28)	.00	.00
36.	Fees (Line 34)	.00	.00
37.	Total taxes and fees (Line 35 plus Line 36)	.00	.00

38.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 37)	.00
39.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
40.	Unapplied credit balance	.00
41.	Total prepayments and unapplied credits (Line 39 plus Line 40)	.00
42.	Balance due (If Line 38 is greater than Line 41, enter amount. Enclose payment of this amount)	.00
43.	Overpayment (If Line 41 is greater than Line 38, enter amount here)	.00
44.	Amount to be refunded	.00
45.	Amount to be credited to _____ prepayment	.00

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CHECKLIST

	YES	NO
Copy of Schedule T of ____ Annual Statement Attached?		
Copy of the Nebraska Direct Business Page of the ____ Annual Statement Attached?		
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		

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